

Blood-Stream Infection (CDC)

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Sent: Saturday, November 07, 2009 11:52 AM
To: Blood-Stream Infection (CDC)
Subject: Comprejhensive draft

Please clarify strictly how long a midline should stay and as far as I know , midline has more tendency for DVT and is not encouraged. Please clarify on this. It does not include either if it is safe to draw blood from the midline. It did not touch on use of TPA. Most doctors, are afraid of using alteplase activase to declot a picc or midline, (oncologist) especially if the platelet is low. What parameters to declot by use of TPA for the platelet count? It is still a practise (by most doctors)of always removing the PICC on 3-4 days of fever on a patient.

I hope a rule will come out to have midlines on every patient and a rule on which diagnosis a midline should be placed. There should be no consent anymore and automatic to place midline on patients irregardless of diagnosis. Saves time, gives comfort to patients and less IV time for nurses. Then all nurses should be extremely educated on maintenance of all lines till then. However, the short IVs, large bore will be limited to ER use onle. When they get admitted to the hospital, then insert a midline rigth away. If they need a long term IV , then wire exchange for home or to Skilled nursing facility. Companies should create the power midlines so in case patient goes to CT scan, these IVs can withstand 300 psi of pressure when injecting the dye.-Thanks so much! -

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